

The National Electronic Vaccine Tracking Registry

History of Forced Vaccination: How The Plan To Force Vaccination Gave Birth To The National ID, A Government Health Records Database, and the End of Medical Privacy

by **Barbara Loe Fisher**, July 1999

Immunization laws in the US are not federal, but state mandates. The authority of U.S. states to promulgate regulations which protect the public health and safety is well established, having historical roots in health regulations created in the colonial states during the 18th century. A seminal Supreme Court decision in 1905, *Jacobson v. Massachusetts*, 197 U.S. 11 (1905), affirmed the authority of state legislatures to assign "police powers" to health officials to enact quarantines and enforce mandatory vaccination laws to prevent epidemics.

Although the historic and legal precedent for state authority to enact and enforce mandatory vaccination laws is clear, it is not without legal limitations and ethical imperatives.

State Public Health Laws for 18th Century Epidemics

State public health laws in the U.S. can be traced back to the 18th and 19th centuries when unpredictable epidemics of highly contagious, dangerous diseases such as yellow fever, typhoid fever and smallpox would sweep through crowded, unsanitary port cities after diseased immigrants would disembark from boats and infect the community. Eventually volunteer citizen committees formed to quarantine the boats entering the harbors for weeks until those disembarking were certified "disease-free."

At the turn of the century, after doctors had taken over these volunteer citizen committees and funding from taxes supported the beginnings of a state and national public health infrastructure, the first state vaccination laws were enacted by legislatures at the urging of physician public health officials. Soon the idea of quarantining those with infection during epidemics extended to those who were not vaccinated, such as excluding unvaccinated children from school during smallpox epidemics.



1905 Supreme Court Speaks

In 1905, a man named Jacobson and his son sued the state of Massachusetts for requiring them to get a second smallpox vaccination or pay a \$55 fine. Jacobson refused to get re-vaccinated or pay the fine, claiming he and his son had had a bad reaction to a previous smallpox vaccination and were afraid they would be injured or die by a second one. Jacobson maintained that forcing him to be revaccinated was "an assault upon his person" and violated his Constitutional rights.

The Supreme Court rejected the evidence Jacobson presented to show that the smallpox vaccination can cause injury and death and to demonstrate that doctors cannot distinguish between those who will be harmed and those who won't be harmed by the vaccination. The Court concluded "The matured opinions of medical men everywhere, and the experience of mankind, as all must know, negate the suggestion that it is not possible in any case to determine whether vaccination is safe."

Doctors Cannot Predict Who Will Become Vaccine Injured

The fact that the nine Supreme Court justices at the turn of the century did not have accurate medical information upon which to base their precedent-setting decision is as understandable as it is unfortunate. It has been proven in the succeeding 94 years, most recently in the U.S. Claims Court in Washington, D.C., where more than 1 billion

dollars has been awarded to some 1,000 American families, whose children have died or been injured from the adverse effects of childhood vaccines, that often doctors cannot predict ahead of time which children will react to vaccines, die or be left with mental retardation, medication-resistant seizure disorders, learning disabilities, chronic arthritis, paralysis or other immune deficiencies and brain damage.



Doctors Don't Respect Biodiversity or Report Vaccine Reactions

Between 12,000 and 14,000 reports of hospitalizations, injuries and deaths following vaccination are made to the government's Vaccine Adverse Events Reporting System (VAERS) every year. Yet, it is estimated that fewer than one to 10 percent of all doctors report serious health problems which occur following drug or vaccine administration.

The fact that genetic and other as yet unidentified biological factors can place some individuals at higher risk for vaccine-induced injury and death calls into question the constitutionality of a one-size-fits-all forced vaccination policy that does not take into account individual biological differences. This is a critical point in measuring the consequences of assigning police powers to public health officials for the purpose of enforcing vaccination, particularly in cases where parents suspect their children are at increased risk for reacting to

vaccines even though health officials, anxious to achieve a 100 percent vaccination rate, disagree.

Cruel and Inhuman to the Last Degree?

In their opinion, the 1905 Supreme Court justices acknowledged that vaccination must not be forced on a person whose physical condition would make vaccination "cruel and inhuman to the last degree. We are not to be understood as holding that the statute was intended to be applied in such a case or, if it was so intended, that the judiciary would not be competent to interfere and protect the health and life of the individual concerned." Therefore, when interpreting *Jacobson v. Massachusetts* in 1999, it is important to remember that, although the Court stated that states may enact "such reasonable regulations established directly by legislative enactment as will protect the public health and the public safety," the Court also made it clear that mandatory vaccination laws must not be applied unreasonably so as to result in harm to individuals.

State Should Not Demand Sacrifice of Life

When public health officials in 1999 make the argument for government-forced vaccination, they often omit mention of this signal by the US Supreme Court that the State does not have the right to command that an individual sacrifice his or her health or life in the name of the public health.

What, then, did the 1905 Supreme Court mean when it went on to declare that "it was the duty of constituted authorities primarily to keep in view the welfare, comfort and safety of the many, and not permit the interests of the many to be subordinated to the wishes or convenience of the few"? The "wishes or convenience" of the few certainly does not translate into the "lives" of the few, but, nevertheless, the historical context in which this declaration was made is extremely important.



Utilitarianism: The Politically Correct Doctrine

In 1905, the political doctrine known as "utilitarianism" was a popular philosophical tenet, which had been developed by a 19th century British philosopher and science devotee, Jeremy Bentham. A consequentialist theory, utilitarianism judges the rightness or wrongness of an action by its consequences and holds that an action that is moral or ethical results in the greatest happiness for the greatest number of people.

With its emphasis on numbers of people, Bentham created utilitarianism primarily as a guide to state legislative policy. Karl Marx used utilitarian principles to formulate his economic theories, while modern cost benefit analyses are also descendants of utilitarianism.

Jacobson V. Massachusetts Sordid Legacy: Forced Sterilization

In 1927, the renowned American jurist Oliver Wendall Holmes embraced the utilitarian rationale when he used Jacobson v. Massachusetts to sanction the forced sterilization of Carrie Buck, a Virginia woman doctors though was mentally retarded, for the purpose of protecting the public welfare. Writing for the majority in a 8-1 Supreme Court decision, Buck v. Bell, 274 U.S. 200 (1927), Holmes said "The principle that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes."

Hitler Invokes Utilitarian Rationale to Kill Millions

Not long after Holmes used the utilitarian rationale of Jacobson v. Massachusetts to forcibly sterilize Carrie Buck, Hitler would embrace the same kind of rationalization used by Holmes in that stunning 1927 legal opinion. Hitler would go on to pursue his own brand of social engineering to eliminate those individuals deemed by the Third Reich to be genetically defective, inferior and a threat to the health and well being of society.

At the Doctor's Trial at Nuremberg after World War II, physicians employed by the German state forwarded a utilitarian defense to justify euthanasia of the mentally and physically handicapped and the conducting of medical experiments on individuals without their informed consent. The doctors maintained that the sacrifice of some individuals would improve or save the lives of many.

It was at the Nuremberg Trial in 1946 that the full measure of the tragic moral failure of utilitarianism was finally revealed. The Judges of the Nuremberg Tribunal issued the Nuremberg Code, which gave birth to the informed consent principle that has governed the ethical practice of science and medicine since 1947.



The Public Health Empire: Powerful Big Business

The statements made by the Supreme Court in 1905 must be viewed in their historical context to be interpreted reasonably and judiciously in 1999. What is undeniable is that Jacobson v Massachusetts, which confirmed the right of state legislatures to assign police powers to physicians employed by the state, has been used by state and federal health officials to build a powerful and massive public health infrastructure in the US during this century.

The public health infrastructure and operation of the mass vaccination system is fueled by billions of tax dollars as well as funding by a pharmaceutical industry eager to capitalize on government-forced purchase of its vaccines by all citizens. Operating as an independent executive authority with funding from, but little oversight by, the legislative branches of government, this public health empire created by government health officials has seen its most dramatic growth in the last 25 years. Its power and reach into the life of every American now threatens our privacy, our liberty and the biological integrity of our children and grandchildren.

The Threat of Government Vaccine Tracking Systems

Nowhere is this threat more evident than in the creation of a national, government operated vaccine tracking registry system that will tag all American citizens with a national ID number at birth and track their movements throughout life for the express purpose of enforcing vaccination with all government-endorsed vaccines. It was the desire by government health officials to enforce citizen compliance with mandatory vaccination laws that first created the need for a National ID number and the national electronic medical records database promoted by the Clinton Administration in 1993.

An Abuse of Police Powers

Yet, even those who use the most zealous interpretation of *Jacobson v. Massachusetts* can come to the conclusion that this invasion of privacy and threat to individual liberty constitutes an abuse of the police powers. Originally assigned to public health officials by state legislatures to protect the public from smallpox epidemics, today public health officials are using *Jacobson v. Massachusetts* to force vaccination of all children with 33 doses of 10 viral and bacterial vaccines by age five. Some of these diseases are usually benign, such as chicken pox, or are adult lifestyle diseases transmitted through infected blood, like hepatitis B.



Several Hundred Vaccines Waiting To Be Mandated

Waiting in the wings are several hundred new vaccines being created in government and drug company labs using live viruses and genetically engineered bacteria often grown on human or animal cell tissue cultures to theoretically prevent everything from ear infections, stomach ulcers and the common cold to herpes, gonorrhea, and HIV. Most, if not all, are being slated by public health officials for future use by all children when drug companies put them on the market.

More Vaccines & More Chronic Diseases

As the use of multiple vaccines to suppress all infectious diseases increases, the rates of chronic illness in children is also increasing. More children today are suffering with asthma, learning disabilities, attention deficit disorder, autism, juvenile diabetes, multiple sclerosis, chronic fatigue and other autoimmune and neurological dysfunction than have in previous decades.

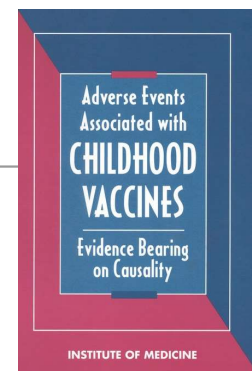
Institute of Medicine Confirms Vaccine Injury & Death

The price this and future generations will pay for unrestricted police powers wielded by government health officials forcing vaccination in a vacuum of scientific knowledge is unknown. However, landmark reports published in 1991 and 1994 by the Institute of Medicine (IOM) of the National Academy of Sciences are revealing.

Committees of non-government, non-industry physician experts reviewed the medical literature for evidence that vaccines can cause injury and death and confirmed that:

- DTP (Diphtheria-Tetanus-Pertussis) vaccine can cause acute brain inflammation and permanent brain damage that ranges from learning disorders to severe and profound mental retardation;
- DT (Diphtheria-Tetanus) vaccine can cause Guillain-Barre syndrome, including death, as well as brachial neuritis;
- Rubella vaccine can cause acute and chronic arthritis;
- Live oral polio vaccine (OPV) can give polio to the person being vaccinated or to someone who comes into contact with that person's body fluids; and
- MMR (measles-mumps-rubella) vaccine can cause shock and death from measles vaccine strain viral infection.

However, because there were so few scientific studies investigating vaccine-induced immune and brain dysfunction published in the medical literature, the Committee was not able to properly evaluate a long list of vaccine-associated health problems, such as diabetes and multiple sclerosis. The IOM Committee concluded:



"The lack of adequate data regarding many of the [vaccine] adverse events under study was of major concern.... The committee encountered many gaps and limitations in knowledge bearing directly or indirectly on the safety of vaccines. These include inadequate understanding of the biologic mechanisms underlying adverse events following natural infection or immunization, insufficient or inconsistent information from case reports and case series...and inadequate size or length of follow-up of many population-based epidemiologic studies."

A Political Agenda

Congress passed the Immunization Assistance Act in 1965 to set up categorical grant programs to states to provide federal funds to purchase vaccines for public health clinics and establish immunization programs. It was not until Dale Bumpers became Governor of Arkansas in 1971 that the idea of using vaccination as a political tool became fashionable.

In 1973, Governor Bumpers and his wife, Betty, enlisted the help of the media and the Centers for Disease Control (CDC) and called out the Arkansas National Guard to vaccinate every child in Arkansas. The national publicity generated by that action helped to catapult Bumpers to the US Senate in 1974.

In 1976, when Jimmy Carter was elected President, it was Dale and Betty who persuaded Jimmy and Rosalyn and HHS Secretary Joe Califano to map out a nationwide campaign to enforce vaccination laws. Bumpers explained, "Betty went over to see Rosalyn and talked to her about it and said 'You know, this is something the President can do so that when he runs for reelection, he can say the government did it.' Because you know, the government was in such disrepute, nobody thought the government could do anything."



Vaccine Appropriations Skyrocket Between 1978 & 1999

Bumpers was successful in doubling annual federal appropriations for vaccine programs from \$14.5 million to \$33 million in 1978 and to \$46 million in 1979. By 1989, vaccine appropriations hit \$141 million.

On June 14, 1999, President Clinton announced the establishment of the Dale and Betty Bumpers Vaccine Research Center, with \$200 million in annual funding. Clinton said "Until an AIDS vaccine is tested and approved, it will remain the primary mission of the Dale and Betty Bumpers Vaccine Research Center.... I look forward to the day when I can come back here...heralding another great vaccine achievement for mankind, the end of AIDS."

In 1997, Clinton issued a public challenge to government and industry scientists to put a vaccine for AIDS on the market by 2007, comparing the challenge to the one President John Kennedy made for the U.S. to put a man on the moon. That same year, a member of the CDC's Advisory Committee on Immunization Practices, the federal committee that sets national vaccine policy, publicly reminded government and industry HIV vaccine developers to test the candidate AIDS vaccines in children because a future AIDS vaccine will be targeted for use in all 12-year-old children.

A 1986 Law To Shield Drug Companies From Civil Liability

After national publicity in 1982 with the broadcast of the NBC-TV documentary DPT: Vaccine Roulette informing the public about DPT vaccine risks, the vaccine manufacturers and physician organizations lobbied Congress for



legislation to protect them from vaccine injury lawsuits. Parents of vaccine injured children, who co-founded the National Vaccine Information Center, fought to protect the rights of families and to insert vaccine safety provisions in the law, including mandatory reporting and recording of vaccine reactions by physicians.

Federal health officials opposed the legislation to the very end. They maintained that vaccines have no substantial health risks and that the children, who are injured or die following vaccination are, in effect, genetically defective and would have died or been disabled even if no vaccinations had been given.

Federal Vaccine Injury Compensation Program Falls Short

In 1986, President Reagan signed the National Childhood Vaccine Injury Act into law (PL99-660). The law was historic societal acknowledgement that vaccines can injure and kill individuals and created a federal vaccine injury compensation system.

Since 1993, federal health officials under Department of Health and Human Services (HHS) Secretary Donna Shalala have moved to systematically gut the law and fight every claim with the help of Department of Justice lawyers. Today, three out of four vaccine injured children are turned away, and more than \$1 billion sits idle in the vaccine injury trust fund created by a small surcharge or "user fee" charged to parents for each state mandated vaccine their children receive.

Vaccine Mandates, Injuries & No Accountability

Since 1986, the vaccine manufacturers and physicians administering vaccines have been absolved of liability for their products and actions with regard to selling and administering mandated vaccines to children. When the FDA licenses a new vaccine, the drug company lobbies federal health officials at the CDC to issue a recommendation for "universal use" of the new vaccine by all children. After that, state health officials add the new vaccine to the list of mandated vaccines.

The vaccine manufacturers have a stable, predictable yearly market for their product with no liability when the product injures, kills or doesn't work. It is a drug company stockholder's dream and a health care consumer's worst nightmare.

Robert Wood Johnson Gets Involved in 1991

In 1991, the Robert Wood Johnson Foundation created ALL KIDS COUNT, a national program to set up electronic vaccination registry and tracking systems to monitor and follow-up pre-school children in order to enforce mass vaccination. Grants totaling \$9 million were given to 20 cities to set up vaccine tracking systems.

ALL KIDS COUNT is headquartered at the Task Force for Child Survival and Development at The Carter Center in Atlanta, which was founded by former President Jimmy Carter. The Carter Center works with federal health officials to implement government public health initiatives both here and abroad.

National Campaign To Vaccinate Toddlers Launched

In 1991, the same year that city vaccine tracking systems were being created, the non-profit EVERY CHILD BY TWO was co-founded by Betty Bumpers and former First Lady Rosalyn Carter. EVERY CHILD BY TWO is a national campaign that facilitates the creation of mechanisms to vaccinate children with all government-endorsed vaccines by age two. It is funded in part by grants from vaccine manufacturers Merck, Lederle, and Connaught.

CDC Says All Newborns Must Get Hepatitis B Vaccine

1991 was also the year that the CDC recommended that all newborns be given hepatitis B vaccine at birth before they leave the newborn nursery. This national vaccine policy was instituted even though only about 21,000 cases of hepatitis B were reported to the CDC in all age groups in 1990 and even though hepatitis B is an adult disease spread through infected blood.

Hepatitis B is primarily confined to adult high risk groups such as IV drug users and persons with multiple sexual partners. Even so, by 1999, there were 42 state health departments that had added three doses of hepatitis B vaccine to the mandatory vaccination list for all children attending grade school and high school.



Hep B Vaccine Reactions Outnumber Hep B Cases in Children

Between July 1, 1990 and October 31, 1998, there were 24,775 reports of hepatitis B vaccine-related adverse events reports to the government, including 9,673 serious adverse events and 439 deaths. During the same time period, there was a total of 2,424 adverse event reports, with 1,209 serious events and 73 deaths in children under age 14 who got hepatitis B vaccine alone without any other vaccines.

This means that one out of two case reports of health problems following hepatitis B vaccination in children ends with a trip to a hospital emergency room, a life-threatening condition, a hospitalization or permanent disability.

The National ID and Electronic Tracking Systems



Bill Clinton's election in November 1992 brought Donna Shalala to Washington, D.C. as the nation's new Secretary of Health and Human Services. (Founded in 1973, the Children's Defense Fund (CDF) was formerly chaired by Hillary Clinton, Donna Shalala and then Marian Wright Edelman. One of CDF's main goals is to register and monitor all children in a national computerized vaccination tracking system.)

Within weeks of taking office in January 1993, Shalala announced "President Clinton's Immunization Initiative." Hillary Clinton then moved to play a key role in the Health Care Task Force to restructure US health care with a plan to tag every citizen with a Unique Health Care Identifier Number.

The first step was to use the Unique Health Care Identifier Number to record and track everyone's vaccination status and personal health information from birth to death in a government-operated electronic database. Ira Magaziner said that President Clinton wants to "create an integrated system with a card that everyone will get at birth."

The Comprehensive Child Immunization Act

Public opposition to the Unique Health Care Identifier Number, National ID "smartcard" and a medical records tracking system eventually scuttled Hillary's Health Care Plan. However, on April 1, 1993, Senators Ted Kennedy (D-MA), Don Riegle (D-MI) and Congressman Henry Waxman (D-CA) introduced "The Comprehensive Child Immunization Act." A key provision in this bill directed Secretary Shalala to "establish a national system to track the immunization status of children."

Information obtained on citizens could be used by government health officials and disclosed to other third parties without the consent of the individual or parent or guardian. The price tag to set up the electronic surveillance database, which would track citizen's movements from state to state, was \$1.1 billion.

Privacy Coalition Opposes Vaccine Tracking

A coalition of privacy advocates formed to oppose the vaccine tracking provisions, including the Free Congress Foundation, Eagle Forum, Family Research Council, National Center for Home Education, National Vaccine Information Center, American Civil Liberties Union, Concerned Women for America, Traditional Values Coalition, Christian Life Commission of the Southern Baptist Convention and the American Association of Christian Schools. By the Fall of 1993, strong opposition from the Republicans, privacy advocates and the pharmaceutical industry (which would be forced under the law to sell vaccines to the government at a lower price so children could get free vaccines) forced modifications of the bill.

States To Monitor the “Immunization Status of All Children”

The language authorizing the creation of a national, federally operated vaccine tracking system was eliminated. However, language was inserted authorizing \$417 million in appropriations to HHS so Shalala could work with state health officials to establish a national network of "state registry systems to monitor the immunization status of all children."

The law that passed gave Shalala authority to award federal grants to states to set up vaccine tracking systems and money to reward states between \$50 and \$100 per fully immunized child, with the dollar figure determined by the total percentage of children fully vaccinated in the state with all CDC recommended vaccines. The federal government would, in effect, offer monetary “incentives” to the states to keep their vaccination rates high.



The National (and International) Vaccine Plan Takes Shape

In 1994, the Department of Health and Human Services published The National Vaccine Plan, which is a strategic plan for vaccinating every American child with all existing and future government-recommended vaccines. The Plan also positioned the US mass vaccination program within the context of a global mass vaccination program.

Vaccinating Every Child in The World

The Plan emphasizes that the US is a co-sponsor of the Children's Vaccine Initiative (CVI), which was launched at the World Summit for Children in 1990 in New York City. The goal of CVI is to make sure that all the world's children are vaccinated with existing and future vaccines developed by drug companies.

In addition to the vaccine manufacturers, funding for CVI is provided by the United Nation's Children's Fund (UNICEF), the United Nation's Development Program (UNDP), the Rockefeller Foundation, the World Bank and the World Health Organization (WHO).

Shalala Appropriates Our Social Security Numbers

On March 9, 1995, Shalala published a notice in the Federal Register of the intent to establish a new routine use of the Social Security number. Today, the Social Security Administration is authorized to disclose the Social Security number of a newborn to state health department officials for “public health programs.” These public health programs include, but are not limited to, establishing public immunization registries with the goal of operating a national network of coordinated statewide immunization registries.

The new routine use of the Social Security number permits DHHS to disclose medical and other information about individuals without their informed consent if it is for the purpose of administering a government public health program or for conducting medical research.

So, although the language authorizing a federally operated medical records and vaccine tracking system was eliminated from the proposed 1991 legislation to reform U.S. healthcare, government health agency officials were able to get what they wanted through rule making authority that created state based electronic tracking systems that are hooked up together to create a national electronic tracking system.



Teenager Is Jailed For Failure to Show Proof of Vaccination

After a policeman pulled him over for driving his mother's van with expired license plates, a Milwaukee teenager was handcuffed, stripped and jailed overnight in April 1996 when police discovered he had failed to show public school or county health officials proof that he had gotten a second MMR shot. The busy mother of Jacob Kallas had ignored repeated court orders to provide her son's school with proof of vaccination.

By 1996, parents were being charged with child medical neglect for failing to vaccinate their children with all government-recommended vaccines.

States Abolishing Non-Medical Exemptions

Since 1982, six states have abolished philosophical or personal belief exemption to vaccination, leaving only 16 states with this right. All states still provide for medical exemption (which must be written by an M.D. or D.O.), and all but two allow an exemption for sincerely held religious beliefs.

However, in July 1999, CDC officials mounted an assault to counter parent-led informed consent legislative initiatives in Texas, Illinois, New Jersey, Massachusetts and other states. An article was published in the Journal of the American Medical Association criticizing parents, who claim philosophical or religious exemptions to vaccination for their children. CDC officials charged that the unvaccinated were a potential disease threat to other unvaccinated persons, as well as to vaccinated persons for whom the vaccines have failed to work.

The Religious Inquisition of "Exemptors" Begins

Attaching a new label to those who take exemptions to vaccination ("exemptors"), the federal health officials said "Persons who claim philosophical and/or religious exemptions may create some risk to the community because unvaccinated or undervaccinated persons may be a source of transmission.... Exemptors also pose a social equity issue."



Addressing the issue of religious exemption to vaccination, CDC officials suggest that more stringent screening standards for proving the quality and sincerity of religious beliefs must be applied when government officials review a religious exemption to vaccination for acceptability.

Some states require an unequivocal statement from a religious leader that vaccination conflicts with the person's religious belief. This type of requirement for an exemption essentially assesses the strength of conviction of the individual applying for an exemption, similar to Selective Service boards assessing exemptions from the military draft.

Other states grant exemption based on a form signed by parents, indicating that immunizations are against the individual's personal belief. In these states, efforts may not be made to assess strength of conviction.

CDC Officials Getting Tough With "Exemptors"

CDC officials are signaling that they will be taking an even more aggressive and intrusive approach to forcing vaccination in the future, employing "interventions" to persuade exemptors to become vaccinators:

"Having determined that exemptors are a risk factor for contracting a VPD (Vaccine Preventable Disease), it is important to discover the underlying reasons why individuals are claiming exemptions. Interventions should be developed and implemented to counter misunderstanding of the relative risks and benefits of immunization at both the individual and societal level."

The Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA) of 1996, also known as the Kennedy-Kassebaum bill, further reinforced the government-operated electronic surveillance and tracking mechanism for monitoring every American's medical records, using vaccination as the vehicle. Uniform electronic data element, collection and exchange standards were adopted.

HIPAA also resurrected the Unique Health Care Identifier Number. Officials operating the National Immunization Program and HHS were pleased with HIPAA and stated: "Any standards...should support the ability of health care workers and public health officials to access appropriately specific and precise health data."

Hepatitis B Vaccine Birth Dose The Key To Tracking

HIPPA language provides evidence for why federal health officials insisted in 1991 that all newborn babies in America must get the first dose of hepatitis B vaccine before leaving the hospital newborn nursery – even though the U.S. has had historically low rates of hepatitis B disease in children and adults. (Less than one half of one percent of children were getting hepatitis B from their infected mothers or from infected blood supplies before 1991, when federal health officials said all newborns must get their first dose at 12 hours of age).

"A current recommendation is for the first dose of hepatitis B vaccine to be given at birth. To record this first vaccination, when it is given in the hospital nursery and to support its ultimate linkage with the immunization registry, either the New Unique Health Care Identifier would have to be assigned expeditiously within a few hours of a request, or a temporary ID number that would ultimately link to the definitive identifier would be needed."

"We see entries in the immunization registries as a small part of what could ultimately develop into more comprehensive clinical and preventive databases."

"State laws intended to ensure privacy have presented barriers to immunization registries in some areas. Preemptive federal legislation is needed to ensure appropriate privacy while allowing participation in registries that protect the public by reducing disease. It is not clear that signed consent by the patient is necessary...."

Shalala Will Decide Privacy Rights If Congress Does Not Act

HIPAA provided that, if Congress does not enact legislation to create standards to protect individually identifiable health information in medical records by August 21, 1999, then the Secretary of DHHS must act. By February 21, 2000, Shalala will be required to establish rules governing how much information the government and other third parties can get out of private medical records.

Currently, there are four medical privacy bills in the House and Senate, including the Health Care Personal Information Nondisclosure Act of 1999 (S.578-Senators Jeffords/Dodd); the Medical Information Protection Act of 1999 (S.881-Senator Bob Bennett) and the Medical Information Privacy and Security Act (S.573/H.R. 1057-Leahy/Kennedy).

Invading Your Privacy In the Name of Public Health

All of the pending medical "privacy" bills allow extensive exemptions for unrestricted access and use of personal medical information in an individual's medical records by anyone, who invokes a right to access it in the name of the public health. This includes government officials, researchers and law enforcement officers.

Citizens can be enrolled without their informed consent as research subjects in medical experiments if researchers make the case that the study will contribute to the public health. This means that, without the individual's informed consent, researchers working with government, industry and private physicians will be allowed unrestricted access to personal medical records for the purpose of enrolling unsuspecting patients in medical research experiments.

Scientific researchers of the future could experiment on citizens with new drugs and vaccines. The elderly will not know whether the nursing home doctor urging the use of a new antidepressant or the family pediatrician recommending to a mother that her infant get 15 vaccines in one day, is making that recommendation because it is in the best interest of the individual or because the doctor has enrolled his patients in a government-endorsed medical experiment.



Electronic Tracking Will Force Vaccine Use

The government push for a national ID and national electronic medical records database originated with the desire by government and industry to find an institutional mechanism to enforce mandatory vaccination. The linking of state vaccine tracking registries to a federally-operated national medical records database can be used for purposes other than enforcing vaccination. Electronic tracking systems that enroll citizens without their conscious and voluntary, informed consent, can be used to limit health care choices and impose economic or other societal sanctions on those, who do not agree with government health policy.

Societal Sanctions Already Being Applied

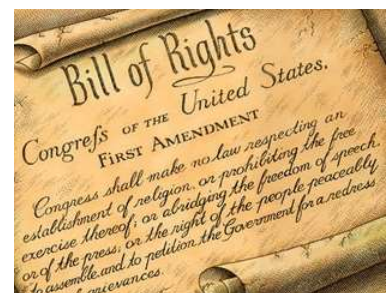
Children are already being denied an education and being turned down for health insurance by HMOs for failing to be vaccinated with all government recommended vaccines. Vaccination status is being linked to government entitlement programs, and there have been suggestions by legislators at both the state and federal levels to make the obtaining of a child tax deduction dependent upon compliance with vaccination laws.

Being tagged and tracked in a government-operated electronic surveillance database could lead to severe economic and other government-sanctioned punishments at the hands of health officials assigned police powers to "protect the public health." Citizens who do not, for example, comply with government mandates to use an AIDS vaccine when it is brought to market in the future could effectively be prevented from functioning in society by being denied an education, health insurance, a driver's license, employment or even admission to a hospital, hotel or airplane.

The Threat to Liberty & Health

The erosion of medical freedom and privacy under the guise of protecting the public health is a threat to individual liberty. It is a threat to the very foundation of freedom as we have known it since the Constitution was ratified in 1787 and amended by the Bill of Rights in 1791.

A de facto medical dictatorship, which has been set up by government health officials using police powers assigned by state legislatures, affirmed by the Supreme Court in *Jacobson v Massachusetts*, fueled by federal funds, and aided by politicians eager to believe that doctors should track citizens "for the greater good," is destroying the most sacred of all individual freedoms: the human right to self determination.



The human right to choose what one is willing to die for or, in the case of a parent, what one is willing to risk a child's life for is a basic human right. If the state can tag, track down and force citizens against their will to be injected with biologicals of known and unknown toxicity today, then there will be no limit on what individual freedoms the state can take away in the name of the greater good tomorrow.

Utilitarianism Should Not Be Used to Force Vaccination

It is time for Americans to call a halt to the immoral use of utilitarianism by government to force citizens to comply with public health policy that forces medical risk-taking without voluntary, informed consent. It is time for us to reclaim our right to freely and privately choose the kind of health care we want for ourselves and our families.

Barbara Loe Fisher is co-founder and president of the National Vaccine Information Center, a non-profit educational charity in Vienna, VA founded in 1982.

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